Sepsis: Triage Triggers, Outcomes Quicker

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**Recommended Citation**

Ainge, Rylee; Flaws, Mackenzie; Heim, Natalie; Herndon, Emily; Norris, Hayley; and Scott, Amy, "Sepsis: Triage Triggers, Outcomes Quicker" (2018). *Posters*. 48.  
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Background

- In the U.S., 42,000 children develop sepsis each year.
- Evidence-based literature recognizes early identification and treatment as the number one determinant of sepsis outcomes.
- Children’s Mercy (CM) sees an average of 20 cases of severe sepsis a month.
- CM is a part of the Improving Pediatric Sepsis Outcomes (IPSO) collaborative.
- Newly Licensed Nurse Residency Program (NLNRP) members collaborated with the CM IPSO team, towards their goals to increase the recognition and identification of patients at risk for severe sepsis to improve timeliness of care to impact morbidity and mortality.

AIM Statement

- Increase ED nurses’ knowledge in identifying and treating the first signs and symptoms of sepsis from 21% to 50% by August 2018.

Methods

PDSA #1 Revised badges

PDSA #2 Revised sepsis tool

PDSA #3 Staff education presentations

PDSA #4 Sepsis job aid

Staff Assessment

- Focus on blood pressure assessment occurring in febrile patients under age 3
- Improvement of time to antibiotics
- Assess why staff has lack of buy-in for sepsis tool
- Improve data to share on how tool impacts patients via case studies
- NLNRP Winter 2018 team is working on this currently

Outcomes

Identification/Recognition of Sepsis

Baseline: 25%
Post PDSA: 85%

266% Improvement

Questions? Contact Amy Scott MSN, RN,CPN alscott@cmh.edu

References

3. https://www.childrensmercy.org/Health_Care_Professionals/Medical_Resources/Evidence_Based_Practice/Sepsis/Sepsis_ED_INPATIENT_Algorithm/